

3000013145 3/24/13

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 03/21/2013
 Voucher Vchtr VchrlneDescr Distr Account Account Fund VendorName 1099 Accounting Period PurchaseOrder Invoice Number Total Amount
 Number Line line# Description Withhold Year Month
 00329491 1 I/S meals & lodging 1 542200 Employee I/S Meals & L 06105 NASH GAYLE-001 2013 03 0000099257 Nash, G. 3.11-3. 570.00
 Total For Voucher 570.00

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500

Invoice Number: Nash, G. 3.11-3.15.13

Voucher ID: 00329491

Invoice Date: 03/19/2013

Voucher Style: Regular

Total: 570.00

Vendor: NASH, GAYLE C

*Pay Terms: Pay Now  Schedule Payments

Saved

1190 ST FRANCIS DR N 4100

SANTA FE, NM 87502

Payment Information

Find | View All | First  1 of 1  Last  

Scheduled Payment: 1

*Remit to: 0000099443 

Gross Amount: 570.00 USD

Location: 001 Discount: 0.00 USD  Discount Denied*Address: 1 

Late Charge

NASH, GAYLE C

Scheduled Due: 03/19/2013 

1190 ST FRANCIS DR N 4100

Net Due: 03/19/2013

SANTA FE, NM 87502

Discount Due:

Accounting Date:

Payment Method

*Bank: W/FB10

Pay Group:

*Account: B

*Handling: RE

*Method: ACH ACH

*Netting: N 

Message:

Messages

Message will appear on remittance advice.

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500 Invoice Number: Nash, G. 3.11-3.15.13
Voucher ID: 00329491 Invoice Date: 03/19/2013
Voucher Style: Regular Total: 570.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number: 

Prepayment

Prepayment Reference:  ☐ Automatically Apply Prepayment  Postpone Withholding 

Letter of Credit

Letter of Credit ID:  

Tax Group

NAME		CAR LICENSE NUMBER	POST OF DUTY	PROPOSED (ADVANCE VOUCHER)
Gayle Nash		1768	Las Cruces	
VENDOR NUMBER	MODEL	Nissan	RESIDENCE	ACTUAL (RECOUPMENT VOUCHER)
99443	2011	Las Cruces		
REG. WORK DAY	TIME: SHOW AM OR PM	CHARACTER OF EXPENDITURES	ODOMETER/MAP MILES	AMOUNTS
DATE	DEPARTURE	ENTER DESTINATION, NATURE OF OFFICIAL BUSINESS, PARTY CONTRACTED AND MISCELLANEOUS INFORMATION	ENTER START & FINISH	MILEAGE PER DIEM MISCELLANEOUS AMOUNTS
3/11/2013	6:00am	Depart Las Cruces to Santa Fe overnight	0	0.00 \$ 135.00
3/12/2013		Overnight Santa Fe rates apply*		0.00 \$ 135.00
3/13/2013		Overnight Santa Fe rates apply*		0.00 \$ 135.00
3/14/2013		Overnight Santa Fe rates apply*		0.00 \$ 135.00
3/15/2013	6:00pm	Depart Sant Fe to Las Cruces, part day per diem-12.0 hrs		0.00 \$ 30.00
			TOTALS	0 0.00 570.00 0.00 570.00
Per Diem is Based on (Check One) ACTUAL EXPENSES			ADVANCE AMOUNTS 80%	
I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.			ADJUSTED REIMBURSEMENT	
APPROVED RATES		☒ Employee Signature _____ Date _____		
☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act. I ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1,500 PER CALENDAR YEAR FOR TRAVEL SECTION 10-B-5 (f), NMSA 1978				
Signature _____ (DOH-General Accounting Use Only) _____ Date _____		PAYEE SIGN HERE: <u>Gayle Nash</u> (TYPE PAYEE NAME) I DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS JUST AND TRUE IN ALL RESPECTS AND COMPLEES WITH THE DFA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT. DATE: <u>3-14-2013</u>		

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000 / 06105	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle	☐ Check if personal vehicle	License #:	001768-SG
	Year:	2011	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.	
	Course Name:	Meeting with Cabinet Secretary in Santa Fe and assisting at SATC
	☒ Check if training is required	☐ Check if Continuing Education credits will be granted

Travel Information	Date of Request:	03/08/13	Destination:	Santa Fe & ABQ
	Departure Date:	03/11/13	Time:	06:00 AM
	Return Date:	3/15/13	Time:	06:00 PM

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: @ .41 per mile	\$ 0.00		\$ 0.00
546800: Registration - Employee		542200: In-State Per Diem: @ \$85/day	\$ 0.00		\$ 0.00
546800: Registration - Vendor		Santa Fe Only: 4 @ \$135/day	\$ 540.00		\$ 540.00
549600: Airline Cost - Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00		\$ 0.00
Airline Cost - Employee		Actuals: @ /day	\$ 0.00		\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00		\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00		\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00		\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00		\$ 30.00
Mileage @ .41 per mile		Total reimbursement to employee	\$ 0.00		\$ 570.00
Miscellaneous Expense: days @ \$6 per day		Total cost of trip	\$ 0.00		\$ 570.00
Car Rental: days @ per day			\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Employee Signature Gayle Nash Date 3-14-2013

Division Director/Hospital Administrator (As per specific division requirements) _____ Date _____

Supervisor/Bureau Chief Signature _____ Date _____
Cabinet Secretary Signature [Signature] Date 3/18/13
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)